



**DEPARTMENT OF VETERANS AFFAIRS
Veterans Health Administration
Washington DC 20420**

IL 10-2003-012

In Reply Refer to: 114

October 1, 2003

UNDER SECRETARY FOR HEALTH'S INFORMATION LETTER

NON-INSTITUTIONAL EXTENDED CARE

1. This Information Letter is to remind facilities that the following policies need to be reviewed and implemented:

a. Veterans' Health Care Eligibility Reform Act of 1996, Public Law (Pub. L.) 104-262.

b. Veterans' Millennium Health Care and Benefits Act, Pub. L. 106-117.

c. Veterans' Health Care Eligibility Reform Act of 1996, Pub L. 104-22.

d. Veterans Health Administration (VHA) Directive 2001-061, Non-institutional Extended Care Within VHA, dated October 4, 2001.

2. The following specified services are part of the VHA Medical Benefits Package:

a. Home-based Primary Care,

b. Homemaker/Home Health Aide,

c. Contract Home Health Care,

d. Adult Day Health Care,

e. Geriatric Evaluation,

f. Respite, and

g. Hospice and Palliative Care.

3. This is a reminder that VHA Directive 2001-061 states that all Department of Veterans Affairs (VA) facilities must provide or purchase these services for all enrolled, eligible veterans in need of such services; at each facility where such services are not now available, or have limited availability, efforts must be made to establish or expand them.

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4. This is a reminder that according to VHA Directive 2001-061: VA national standards must be employed when determining veterans' eligibility for non-institutional long-term care (LTC) services; facilities are not authorized to establish local restrictions; and waiting lists may be established if the demand exceeds current capacity.
5. Attachment A lists the authorities and regulations applying to the preceding policies.
6. Attachment B is a synopsis of the eligibility criteria for geriatric and extended care programs. Facility staff are encouraged to use this as a reference document for Home and Community-based Care Programs.
7. Additional information is available from the Geriatrics and Extended Care Strategic Healthcare Group (114) at (202) 273-8539.

S/ Nevin M. Weaver for
Robert H. Roswell, M.D.
Under Secretary for Health

Attachments

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ATTACHMENT A

**NON-INSTITUTIONAL LONG-TERM CARE
AUTHORITY, REGULATION, AND POLICY**

1. Home Based Primary Care (HBPC)

Authority – Title 38 United States Code (U.S.C.) 1717

Regulation – Title 38 Code of Federal Regulation (CFR) 17.38(a)(1)(ix)

Policy – VHA Manual M-5, Part V

2. Skilled Home Health Care

Authority – 38 U.S.C. 1717

Regulation – 38 CFR 17.38(a)(1)(ix)

3. Contract Home Health Care (CHHC)

Authority – 38 U.S.C. 1717, and 38 U.S.C. 1720C

Regulation – 38 CFR 17.38(a)(1)(ix)

4. Adult Day Health Care (ADHC), both Department of Veterans Affairs (VA) and Contract ADHC

Authority – 38 U.S.C. 1710B(a)(4), 38 U.S.C. 1720 (f), and 38 U.S.C. 1720C

Regulation – 38 CFR 17.38(a)(1)(xi)(B)

Policy – VHA Manual M-5, Part IX

5. Geriatric Evaluation

Authority – 38 U.S.C. 1710B(a)(1)

Regulation – 38 CFR 17.38 (a)(1)(xi)(B)

Policy – VHA Directive 2001-061

6. Respite Care

Authority – 38 U.S.C. 1710B(a)(5)

Regulation – 38 CFR 17.38(a)(1)(xi)(A)(B)

Policy – VHA Manual M-5, Part VII, Chapter 1; VHA Directive 2002-016; and VHA Handbook 1140.1

7. Hospice and Palliative Care

Authority – 38 U.S.C. 1717, 38 U.S.C. 1720C

Regulation – 38 CFR 17.38(a)(1)(xi)(A)

Policy – VHA Directive 2002-038 and VHA Directive 2003-008

ATTACHMENT B

ELIGIBILITY CRITERIA FOR HOME AND COMMUNITY-BASED CARE PROGRAMS (H&CBC) AND GERIATRIC EVALUATION

This attachment describes eligibility criteria for the Department of Veterans Affairs' (VA) Home and Community-based Care (H&CBC) Programs, and for Geriatric Evaluation. All H&CBC services are ordered by a physician, following an interdisciplinary team assessment. Program admission is based on individual patient care needs. Program admission criteria are designed to ensure that services are targeted appropriately.

1. Home Based Primary Care (HBPC)

a. Enrolled in Veterans Health Administration (VHA) Care. Patient is enrolled for VHA care.

(1) The patient has a complex disease process that necessitates care by an interdisciplinary team.

(2) Routine clinic-based care is arduous, or not effective, due to physical, functional, or psychological impairments.

(3) The patient and/or caregiver accept HBPC as the primary care provider.

(4) The patient's care needs can be met by HBPC Program.

(5) The patient lives within HBPC's service area. Each health care facility has designated boundaries.

(6) The patient has an identified caregiver, if the need for one is determined by the HBPC team.

(7) The patient's home is the most appropriate venue for care as determined by the HBPC team.

(8) The patient's home environment is safe for the well being of the patient, caregiver and the HBPC team member.

b. **Populations Targeted by HBPC.** Populations targeted by HBPC include patients who are high-risk; are high utilizers of health care resources (e.g., two or more hospital admissions or Emergency Room visits in the last 6 months, multiple unscheduled clinic visits, etc.); and/or have one of the following diagnoses:

(1) Chronic Obstructive Pulmonary Disease (COPD) or Congestive Heart Failure (CHF).

(2) Neurological disease (Parkinson's Disease, Amyotrophic Lateral Sclerosis, Multiple Sclerosis, stroke, dementia, etc.).

(3) Diabetes Mellitus.

(4) Coronary Artery Disease.

(5) Cancer.

(6) Acquired Immune Deficiency Syndrome (AIDS).

(7) End-stage liver disease.

2. Skilled Home Health Care

a. Patients need at least one of the following: intermittent and part-time skilled nursing care, physical therapy or speech language pathology services, or a continued need for occupational therapy.

b. Patients are mostly homebound. This means that patients are normally unable to leave home and that leaving home is a major effort. Leaving home must be infrequent and for a short time, with the following exceptions: attendance at religious services, and medical appointments including adult day health care (ADHC).

3. Homemaker and Home Health Aide Services (H/HHA)

a. VHA has conceptualized H/HHA services as an "alternative" to nursing home care, in accordance with the authorizing statute. The phrase "in need of nursing home care" means that the interdisciplinary team has made a clinical judgment that the veteran would, in the absence of H/HHA services, need such care. The following indicators represent VHA's best effort to identify the population that is most in need of H/HHA services.

(1) Two or more Activities of Daily Living (ADL) dependencies, or significant cognitive impairment; and

(2) Two or more of the following conditions:

(a) Dependency in three or more instrumental ADL.

(b) Current residence in (or recent discharge from) a nursing facility.

(c) Seventy-five years old, or older.

(d) High use of medical services (defined as three or more hospitalizations in the past year and/or utilization of outpatient clinics or emergency evaluation units twelve or more times in the past year).

(e) Clinical depression.

(f) Living alone in the community.

b. Yearly per patient expenditures for H/HHA services will not exceed 65 percent of the annual cost of care in a VA Nursing Home Care Unit.

4. Adult Day Health Care (ADHC)

a. Veterans referred to VA-operated or community ADHC must meet the following clinical criteria for acceptance to program:

(1) The veteran must be dependent in three or more ADL or experience significant cognitive impairment, and

(2) Have two or more of the following conditions:

(a) The veteran is dependent in three or more Instrumental ADL.

(b) The veteran was recently discharged from a nursing home.

(c) The veteran is 75 years old, or older.

(d) The veteran is identified as a high user of medical services (defined as having three or more hospitalizations in the past year, or utilizing outpatient clinics and/or emergency evaluations twelve or more times within the preceding 12 months).

(e) The veteran is clinically depressed.

***NOTE:** The existence of one of these conditions alone, if severe enough, may deem the veteran clinically appropriate for services.*

b. A VA physician must certify the need for therapeutic services annually.

5. Geriatric Evaluation

a. All criteria are clinically-based; there is no eligibility criteria written in statute. Inclusionary and exclusionary criteria are specified since targeting is so important. Inclusionary criteria (patients who most likely would benefit from comprehensive geriatric evaluation) include:

(1) Patients age 65 years and older with multiple medical, functional, and/or psychosocial problems.

(2) Patients with particular geriatric problems, such as:

- (a) Dementia,
- (b) Urinary incontinence,
- (c) Unsteady gait and/or falls,
- (d) Malnutrition,
- (e) Depression, and
- (f) Elder Abuse.

b. Exclusionary criteria (patients who most likely would not benefit from comprehensive geriatric evaluation) include:

- (1) Patients in an intensive care unit.
- (2) Patients who have a well-documented terminal illness with a life expectancy of 6 months or less.
- (3) Patients in need of total care (e.g., severe, irreversible dementia; brain-stem cerebral vascular accident) and either:
 - (a) Have an inadequate social support network to allow for eventual return to home, or
 - (b) Lack suitable rehabilitation potential to allow for discharge to home or community-based setting.
- c. The patient exhibits persistent, major behavioral difficulties and require constant supervision (e.g., suicidal, abusive).
- d. The patient has a long history of poor cooperation with evaluation and management recommendations (e.g., chronic alcoholics, patients with a severe personality disorder).

6. Respite Care. For admission to respite care, the following criteria must be met:

- a. The veteran has a diagnosed chronic disabling illness or condition.
- b. The veteran lives at home and requires substantial assistance in ADL in order to continue to reside safely in the home.
- c. The veteran's caregiver is in need of temporary or intermittent relief from day to day care tasks in order to sustain this care-giving role.

d. The veteran must meet clinical criteria as well as eligibility criteria for nursing home and long-term care (Public Law 106-117). Clinical criteria include the following:

(1) Dependence in three or more ADL or significant cognitive impairment, and

(2) Two or more of the following conditions:

(a) Dependence in three or more Instrumental ADL.

(b) Recent discharge from a nursing home.

(c) Seventy-five years old, or older.

(d) Identification as a high utilizer of medical services (defined as having three or more hospitalizations in the past year, or utilizing outpatient clinics and/or emergency evaluations twelve or more times within the preceding 12 months).

(e) Being clinically depressed.

7. Hospice and Palliative Care. Hospice and palliative care services, including bereavement support for the veteran's family, are to be appropriately provided in all settings and are to be specifically offered in the following situations:

a. For all enrolled veterans whose primary goal of treatment is comfort rather than cure for an advanced disease that is life-limiting and refractory to disease-modifying treatment.

b. For the deceased veteran's family.